



DEPARTMENTS OF THE ARMY AND THE AIR FORCE  
NATIONAL GUARD BUREAU  
1411 JEFFERSON DAVIS HIGHWAY  
ARLINGTON, VA 22202-3231

NGB-ARS

10 September 2003

MEMORANDUM FOR THE CHIEFS OF STAFF OF ALL STATES, PUERTO RICO, THE US VIRGIN ISLANDS, GUAM AND THE COMMANDING GENERAL OF THE DISTRICT OF COLUMBIA.

SUBJECT: Support for Rotation of Health Care Providers Deployed on Operational Missions

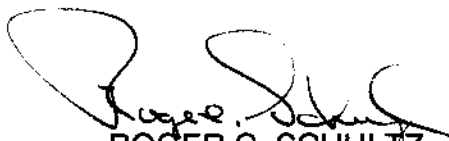
1. The Department of the Army, in an effort to enhance the retention of our assigned health care professionals (HCPs) has directed that physicians and dentist and nurse anesthetists be rotated out of theater after serving a 90 days period of "boots on ground (BOG)." This is an Army program with impact across the force including all components, active and reserve. Current operational engagements around the world have depleted availability of rotational personnel in States with deployed medical units.
2. To support Guard sustainment of this program we must rely upon all States and Territories for involuntary mobilization of HCPs. To assist providers in attaining a level of predictability regarding their potential for mobilization and minimize the risk to their personal practices we have established criteria to execute directed State-to-State support for the rotation program. Using the NGB criteria, when a State with deployed medical units has depleted its supply of available HCPs, a "donor" rotational State will be identified to provide a "rotational cell" of providers to execute a 90-day BOG mobilization. When a requirement is identified, NGB will select a State on the enclosed list to task for HCPs.
3. Mobilizations are typically averaging 110-120 days based upon processing times at the CONUS-based replacement centers and the availability of air transportation into and out of theaters of operation. States' mobilization offices will be contacted to initiate a request for a Derivative Unit Identification Code which will be used for mobilization of the HCP support cell (typically up to four doctors and one dentist).
4. As we identify individuals to support this program, I need your assistance to ensure the accuracy of our databases. We must ensure that the SIDPERS database presents an accurate reflection of the primary and any secondary specialties held by your providers. We also need to ensure that we have accurate information on the deployment history of your HCPs, and whether there are extenuating circumstances regarding their deployability. I am enclosing data we currently have on your providers and ask that you validate this information to ensure we have all relevant facts prior to making directed mobilization decisions.

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5. We have tentatively coded States as red, amber, and green; green indicates those States most likely to be tasked, amber, less likely, and red, least likely to be tasked at this time. Coding of States is based upon numbers of medical units within the State, history of recent or ongoing deployments, and the current availability of assigned HCPs and future operational requirements.
6. To reduce the number of involuntary mobilizations for individuals, we continue to solicit the names of HCPs that may be interested in volunteering for specific rotational requirements. This will aid in increasing the predictability of assignments for providers.
7. Many States are effectively using their assigned health care providers to execute State level individual medical readiness requirements, and I applaud this effort and its impact on the readiness of our force as they arrive at mobilization platforms. Unfortunately, support of the 90-day rotational policy must take precedence. Other options are available for attaining individual medical readiness requirements, i.e., local contact support or participation in the national FEDS-Heal contract. If you are not now working these options, please contact my Surgeon's office for assistance in exploring the possibilities.
8. I would like to stress again that this is an Army program designed to assist us in retaining these key personnel within our ranks. My staff will continue to work with US Force Command and the Office of the Surgeon General to refine the overall scope of our medical unit engagements to gain fidelity on the actual requirements. I need your assistance in ensuring its success.
9. This memorandum will expire one year from date of publications unless sooner rescinded or superseded.
10. Point of contact is COL Cherry Gaffney, Chief, Surgeon Office, at DSN 327-7140 or 703-607-7140.

Encl  
State List w/Data

  
ROGER C. SCHULTZ  
Lieutenant General, US Army  
Director, Army National Guard

CF:  
Each State Surgeon  
Each Deputy State Surgeon

Enclosure (Criteria to Support to Support 90-Day Rotation) to Memorandum

The Criteria and data used for identification of states to support the 90 day rotation process are as outlined in the table below. States who have TO&E Medical Units currently deployed were automatically coded as "red".

State	# of State Guard Deployed post 9/11	% of State Soldiers Currently Alerted /Mobilized	Corps /Division TO&E Medical Units in State		Number of HCPs Assigned		*Number of HCPs Available		Selection Category
AK	34	2%	0	0	2	0	2	0	Red
AL	5339	31%	1	1	15	8	5	8	Red
AR	2238	75%	1	1	22	9	12	9	Red
AZ	1458	35%	1	0	9	1	5	0	Amber
CA	5190	32%	0	4	12	8	9	8	Green
CO	1264	35%	1	0	11	2	4	0	Red
CT	1130	44%	1	0	4	3	3	3	Red
DC	648	50%	0	0	4	1	4	1	Red
DE	357	14%	0	0	6	2	4	2	Amber
FL	3891	41%	1	1	18	8	10	6	Red
GA	3190	35%	1	1	13	2	9	2	Amber
GU	41	10%	0	0	2	2	2	2	Red
HI	76	5%	0	1	4	3	3	3	Amber
IA	2726	40%	2	1	21	7	1	3	Red
ID	346	11%	0	1	4	3	4	3	Amber
IL	3106	24%	1	1	20	4	10	3	Amber

Enclosure 1

Enclosure (Criteria to Support to Support 90-Day Rotation) to Memorandum

IN	3062	24%	1	2	13	7	6	6	Amber
KS	1515	20%	0	0	10	2	8	2	Green
KY	3005	29%	1	1	10	4	7	4	Amber
LA	2293	27%	1	1	20	5	14	4	Green
MA	2320	31%	1	1	15	4	11	4	Amber
MD	2345	31%	0	2	12	4	9	4	Green
ME	475	18%	0	0	5	2	5	2	Amber
MI	1429	15%	0	1	18	8	13	8	Green
MN	327	39%	0	2	21	6	15	6	Green
MO	2718	33%	1	1	21	4	7	4	Amber
MS	2481	33%	0	1	11	6	9	6	Green
MT	182	29%	0	0	3	2	3	2	Amber
NC	1713	60%	1	1	15	8	6	7	Red
ND	1255	37%	0	0	15	2	9	2	Green
NE	1121	30%	1	1	8	4	1	4	Red
NH	75	3%	0	1	3	2	1	2	Red
NJ	653	13%	0	0	14	3	11	3	Green
NM	966	44%	1	0	3	2	2	2	Amber
NV	480	26%	0	0	3	0	2	0	Red
NY	1782	33%	0	2	11	3	6	3	Red
OH	3221	17%	1	1	17	5	13	5	Green

Enclosure 2

Enclosure (Criteria to Support to Support 90-Day Rotation) to Memorandum

OK	3069	81%	1	1	17	2	3	1	Amber
OR	1819	33%	1	1	10	3	8	3	Amber
PA	5222	16%	0	4	23	9	15	9	Green
PR	4070	38%	0	1	25	7	20	7	**Amber
RI	541	15%	0	0	3	1	3	1	Red
SC	3074	28%	0	1	15	4	13	4	Green
SD	1666	35%	1	0	12	2	4	0	Red
TN	2875	21%	0	1	16	3	12	3	Green
TX	4378	17%	1	4	20	6	10	5	Amber
UT	2111	36%	0	0	13	4	11	4	Green
VA	2508	25%	0	1	11	3	6	3	Amber
VI	67	25%	0	0	1	1	1	1	Red
VT	243	8%	0	0	4	1	3	1	Red
WA	751	12%	0	1	9	2	8	2	Amber
WI	1984	23%	1	1	16	6	10	6	*Red
WV	1662	48%	0	0	6	3	4	3	Amber
WY	386	11%	0	0	6	1	6	1	Amber

\* Excludes residents and providers who have previously or are currently deployed

\*\* Wisconsin and Puerto Rico have already been tasked for an initial cell of providers

Enclosure 3